



REQUEST TO THE CITY COUNCIL
ALCOHOL DISTANCE APPEAL APPLICATION

101 W Abram St
Arlington TX 76010
817-459-6502
www.arlingtontx.gov/planning

Applicant's Name (Print) _____ (Sign) _____

Name of Business _____

Street Address: _____ City: _____ Zip Code: _____

Legal Description: _____ Blk/Ab: _____ Lot/Tr: _____

Phone No.: _____ Fax No.: _____ Email: _____

Location: _____

From: (Required Setback) _____ To: (Required Setback) _____

Reason for setback appeal: _____

Have you contacted the church, public school, private school, public hospital, day care or child care? Yes ___ No ___ Describe the outcome: _____

Requirements for alcohol distance appeal:

- Alcohol Beverage License Request Application
- Processing time is approximately three (3) weeks and the request will be heard at the appropriate City Council hearing which is held on Tuesdays.
- Staff will notify all property owners within a 300-foot buffer of the subject property.

Application Fee _____
Receipt No. _____

Received by _____
Case No. _____

Date _____

The "Occupations Taxes" Chapter of the Code of the City of Arlington, Section 1.04. H. 1. indicates that the City Council considers the following in reviewing the application for the variance. Describe how your request addresses the following.

- 1) The enforcement of the regulation in this particular instance is not in the best interests of the public _____

- 2) Constitutes waste or inefficient use of land or other resources _____

- 3) Creates an undue hardship on the applicant for a license or permit _____

- 4) Does not serve its intended purpose, or is not effective or necessary, or that a previous permit was issued for the premises in error and enforcement of the regulation would be inequitable _____

